

BERNALILLO COUNTY
Environmental Health
111 Union Square SE, Suite 300
Albuquerque, NM 87102
Main Phone: 314-0310 Fax: 314-0470



WASTEWATER OPERATOR APPLICATION

Application No. _____

| | |
|-----------------------|-------------|
| Departmental Use Only | |
| Staff: _____ | Date: _____ |

1. SITE ADDRESS (Location of wastewater system)

Site Address _____ City _____ Zip Code _____ Lot Size _____

UPC _____ Zone Atlas Page _____

Legal Description _____

2. PROPERTY OWNER

Name _____

Mailing Address _____ City _____ Zip Code _____

Phone _____ Fax _____

3. INSTALLER

Name of Company _____ Name of Contact _____

Mailing Address _____ License Number _____

Phone _____ Fax _____

4. SITE EVALUATOR Check here if the Installer evaluated the site

Name of Company _____ Name of Contact _____

Mailing Address _____

Phone _____ Fax _____

Existing Bernalillo County Liquid Waste Permit # _____

5. ATTACHMENTS

- ◆ Site plan (1 copy)
- ◆ Management plan
- ◆ Floor Plan
- ◆ Evaluation and Inspection Form (if required)

The foregoing information and documents provided with this application are true to the best of my knowledge. I understand that the issuing of a permit based on this application does not relieve me from the responsibility of obtaining any permits required by State, County, or City regulations or ordinances or other requirements of State or Federal law.

Property Owner's Signature _____ Date _____

Sec. 42-513. The Operating Permit is not transferable. An Operating Permit shall expire when the owner of the property transfers ownership or when the tenant or occupancy classification changes. An Operating Permit must be obtained within 30 days of the property being transferred or the tenant or occupancy classification of the establishment changing.